

PHILADELPHIA  
ATLANTA  
CHARLOTTE  
CHERRY HILL  
CHICAGO  
DALLAS  
DENVER  
HOUSTON  
LAS VEGAS  
LONDON  
LOS ANGELES



A PROFESSIONAL CORPORATION

**RECEIVED**  
**CENTRAL FAX CENTER**

APR 07 2006

NEWARK  
NEW YORK  
SAN DIEGO  
SAN FRANCISCO  
SEATTLE  
TORONTO  
TRENTON  
WASHINGTON, DC  
WEST CONSHOHOCKEN  
WICHITA  
WILMINGTON

1900 MARKET STREET PHILADELPHIA, PA 19103-3508 215.665.2000 800.523.2900 215.665.2013 FAX www.cozen.com

**"Please direct all fax communications to 215-701-2100."**  
**FACSIMILE**

FROM: Quan L. Nguyen TIMEKEEPER NO.: 2350  
SENDER'S PHONE: 215.665.2158 SENDER'S FAX: 215-701-2057  
# OF PAGES (INCLUDING COVER): 7 FILE NAME: ALLE0066-100  
DATE: April 6, 2006 FILE #: 185546

RECIPIENT(S)	EXAMINER	FAX
U.S. Patent Office	Thomas Sweet	571-273-8300

*Docket No.* 17493CIP(BOT) [ALLE0066-100 / 185546]

*In re application of:* Lisa D. Hanin

*Serial No.:* 10/663,041

*Filed:* September 15, 2003

*For:* Surface Topography Method For Determining Effect Of A Botulinum Toxin Upon A Muscle

*Group Art Unit:* 3738

*Confirmation No.:* 1670

Attached please find:

- Transmittal Form (1 page)
- Fee Transmittal (2 pages)
- Amendment And Request For Reconsideration (3 pages)

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL [215.665.2000] or [800.523.2900] IMMEDIATELY.

THIS TRANSMISSION IS ALSO BEING SENT VIA:

☐ Regular Mail ☐ Certified Mail ☐ Hand Delivery ☐ Overnight Mail ☐ Federal Express ☐ E-Mail

**NOTICE**

The information contained in this transmission is privileged and confidential. It is intended for the use of the individual or entity named above. If the reader of this message is not the intended addressee, the reader is hereby notified that any consideration, dissemination or duplication of this communication is strictly prohibited. If the addressee has received this communication in error, please return this transmission to us at the above address by mail. We will reimburse you for postage. In addition, if this communication was received in the U.S., please notify us immediately by phoning and asking for the Fax Center.

**RECEIVED  
CENTRAL FAX CENTER**

Apr-07-2006 11:05am From-Cozen O'Connor 5th Floor

**APR 07 2006**

215-665-2013

T-992

P.002

F-164

PTO/SB/21 (09-04)

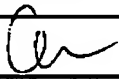
Approved for use through 07/31/2006. OMB 0651-0031

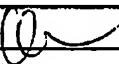
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/663,041
	Filing Date	September 15, 2003
	First Named Inventor	Lisa D. Hanin
	Art Unit	3738
	Examiner Name	Thomas Sweet
Total Number of Pages In This Submission	Attorney Docket Number	17493CIP(BOT) [ALLE0066-100 / 185545]

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px;"> <b>Remarks</b>    </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Cozen O'Connor		
Signature			
Printed Name	Quan L. Nguyen		
Date	April 7, 2006	Reg. No.	49,957

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Quan L. Nguyen	Date	April 7, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

T-992 P.003/007 F-164

APR 07 2006

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> -0-
--------------------------------	-----------------

**Complete If Known**

<b>Application Number</b>	10/663,041
<b>Filing Date</b>	September 16, 2003
<b>First Named Inventor</b>	Lisa D. Hanlin
<b>Examiner Name</b>	Thomas Sweet
<b>Art Unit</b>	3738
<b>Attorney Docket No.</b>	17493CIP(BOT) [ALLE0086-100 / 185548]

**METHOD OF PAYMENT** (check all that apply)

☐ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify) : \_\_\_\_\_

☒ Deposit Account    Deposit Account Number: 50-1275    Deposit Account Name: Cozen O'Connor

**For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)**

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

<b><u>Fee Description</u></b>				<b><u>Fee (\$)</u></b>	<b><u>Fee (\$)</u></b>
Each claim over 20 (including Reissues)				50	25
Each independent claim over 3 (including Reissues)				200	100
Multiple dependent claims				360	180
<b><u>Total Claims</u></b>	<b><u>Extra Claims</u></b>	<b><u>Fee(\$)</u></b>	<b><u>Fee Paid (\$)</u></b>	<b><u>Multiple Dependent Claims</u></b>	
_____ -20 or HP= _____	x _____	= _____		<b><u>Fee (\$)</u></b>	<b><u>Fee Paid (\$)</u></b>
HP = highest number of total claims paid for, if greater than 20.				_____	_____
<b><u>Indep. Claims</u></b>	<b><u>Extra Claims</u></b>	<b><u>Fee(\$)</u></b>	<b><u>Fee Paid (\$)</u></b>		
_____ - 3 or HP= _____	x _____	= _____			
HP = highest number of independent claims paid for, if greater than 3.					

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	_____	_____ = _____


**4. OTHER FEE(S)**

**Non-English Specification, \$130 fee (no small entity discount)**

Other (e.g., late filing surcharge) : \_\_\_\_\_

**Fees Paid (\$)**

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	48,957	Telephone	216-865-2158
Name (Print/Type)	Quan L. Nguyen			Date	April 7, 2008

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PAGE 4/7 \* RCVD AT 4/7/2006 11:04:00 AM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-5/10 \* DNIS:2738300 \* CSID:215 665 2013 \* DURATION (mm-ss):02-48

**RECEIVED  
CENTRAL FAX CENTER**

**DOCKET NO.: ALLE0066-100  
(17493 CIP BOT)**

**APR 07 2006**

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Examiner:

**Lisa D. Hanin**

**SWEET, Thomas**

Serial No.: **10/663,041**

Group Art Unit: **3738**

Filed: **September 15, 2003**

Confirmation No. **1670**

For: **SURFACE TOPOGRAPHY METHOD FOR DETERMINING EFFECT OF  
A BOTULINUM TOXIN UPON A MUSCLE**

**Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**Dear Sir:**

**AMENDMENT AND REQUEST FOR RECONSIDERATION**

In response to the Notice of Non-Compliant Amendment ("Notice") mailed March 13, 2006, in connection with the above-identified patent application, Applicant respectfully submits the following amendments and requests reconsideration of the rejections of record in view of the remarks provided below.

Applicant hereby authorizes the Office to charge or credit any appropriate fees to Applicant's Deposit Account Number 50-1275.